



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) ROBERT J. SCOLLEY

L II. Name of lobbyist's partnership, firm or corporation, if any:

A N.H. MOTOR TRANSPORT ASSOCIATION
S (Name of partnership, firm or corporation)

R III. Name of Client NH MOTOR TRANSPORT ASSN Date 4-24-17

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: FELTES DAN
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: BLENNESSEY MARTHA
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: COMMITTEE TO ELECT HANS ROBERTSON
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1,000.00 Office Candidate is Seeking _____

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APR 25 2017

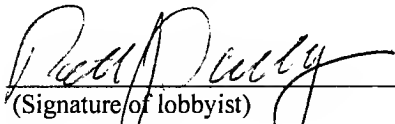
NEW HAMPSHIRE
DEPARTMENT OF STATE

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

4-24-17
(Date)

ROBERT J. SCULLY
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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A

S N.H. MOTOR TRANSPORT ASSOCIATION
E (Name of partnership, firm or corporation)

P III. Name of Client NH MOTOR TRANSPORT ASSN Date 4-24-17

R

I Political Contributions

N

T For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: WASKY BETTY
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: WATKINS DAVID
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: WADSWORTH JEFF
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

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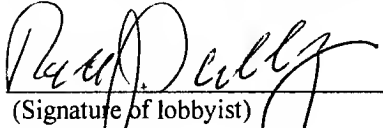
NEW HAMPSHIRE
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Sworn Statement/Affirmation by Lobbyist

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(Signature of lobbyist)

4-24-17
(Date)

ROBERT E. SCUMEY
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A

S N.H. MOTOR TRANSPORT ASSOCIATION

E

(Name of partnership, firm or corporation)

P III. Name of Client N.H. MOTOR TRANSPORT ASSN Date 4-24-17

R

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Full name of candidate: AVARD DEVIL
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: BUDSELL BEGLA
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: EMMA WILMAN
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

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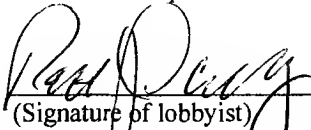
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I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

4-24-17
(Date)

ROBERT T. SEAVEY
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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S NH MOTOR TRANSPORT ASSOCIATION
(Name of partnership, firm or corporation)

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P III. Name of Client NH MOTOR TRANSPORT ASSN Date 4-24-17

R

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Full name of candidate: INNIS DAN
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: LEARD ROTH
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ _____ Office Candidate is Seeking _____

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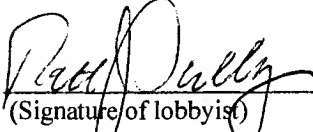
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(Signature of lobbyist)

4-24-17
(Date)

ROBERT J. SCULLEY
(Print Name of lobbyist)